

MDR Tracking Number: M5-04-0723-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-06-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, exercises, and manual therapy services rendered from 8/4/03 through 8/14/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On January 14, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

- **CPT code 99213** for date of service 8/07/03 was denied by the carrier with "F"-fee guideline reduction. However, no payment was made. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. Therefore, **reimbursement is recommended** in the amount of \$65.14 in accordance with the Medicare program reimbursement methodology per Commission Rule 134.202 (b);
- **CPT code 97140** for dates of service 8/12/03 and 8/14/03 was denied by the carrier with "F"-fee guideline reduction. However, no payment was made. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. Therefore, **reimbursement is recommended** in the amount of \$126.32 in accordance with the Medicare program reimbursement methodology per Commission Rule 134.202 (b).
- **CPT code 95851** for date of service 8/12/03 was denied by the carrier with "G", unbundling-and notes that this reimbursement for this procedure

is included in the basic allowance for another procedure.” However, the carrier did not state which billed procedure it was included under. Per Rule 133.304 (c), “at the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason for the insurance carrier's action. A generic statement that simply states a conclusion such as "not sufficiently documented" or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.” Therefore, **reimbursement is recommended** in the amount of \$34.24.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 8/07/03 through 8/14/03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 4<sup>th</sup> day of October 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

January 19, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-0723-01  
IRO Certificate No.: 5055

**REVISED REPORT  
Corrected Disputed Services**

Dear Ms. Lopez:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

**Information Provided for Review:**

Correspondence.  
H&P and office notes.  
Physical Therapy notes.  
Functional Capacity Evaluation.  
Nerve Conduction Studies.  
Radiology reports.

**Clinical History:**

This is 23-year-old female was injured on \_\_\_\_\_. She received a burn to the right hand on the thumb side. The patient was initially treated at a medical center for second degree burns.

**Disputed Services:**

Chiropractic office visits, and exercise during the period of 8/4/03 through 8/14/03.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services and treatments in dispute were not medically necessary in this case.

**Rationale:**

After careful review of the medical records, treatment was not indicated to be necessary at this stage. The patient was 4 weeks posttraumatic injury before being evaluated by a chiropractor. No mention of loss of motion or strength was documented by the medical center physicians. No residual deficits were noted on the last followup visit by the physician or the physical therapist. The patient was back to normal work duties at the time of release before being seen by the chiropractor. The patient was evaluated by a physician whose specialty is not stated on a referral of the chiropractor on 7/2/03. His initial report shows normal range of motion and strength in the patient's right hand; therefore, the chiropractic treatment provided had no objective data to substantiate the scope of care and the amount of treatment that was provided to the patient at that stage.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,